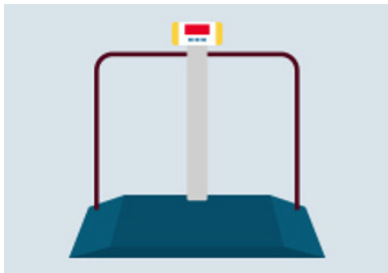


# Obesity Disparities in Medicare Fee-For-Service Beneficiaries

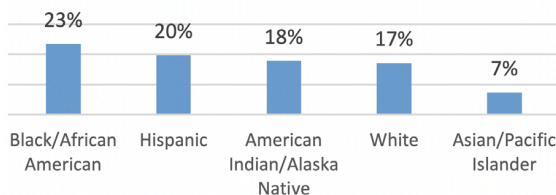


Obesity is when body weight is higher than what is considered a healthy weight for a given height measured by the Body Mass Index (BMI), a screening tool. A BMI of 30.0 or higher is considered obese. Obesity is a common, serious, and costly disease. The Centers for Disease Control and Prevention (CDC) report that 42.4% of American adults are obese.<sup>1</sup> Obesity is associated with many chronic conditions such as cardiovascular disease and diabetes that disproportionately affect racial and ethnic minorities. Addressing

the prevention of obesity related disparities has the potential to reduce obesity prevalence while also closing the gap on health disparities among Medicare beneficiaries.

The Centers for Medicare & Medicaid Services' (CMS) Chronic Condition public-use data indicates that around 18% of all Medicare fee-for-service (FFS) beneficiaries had a diagnosis of obesity in 2017 compared to 8% in 2012.<sup>2</sup> As shown on Figure 1, the prevalence of obesity was higher among Medicare FFS beneficiaries who are Black/African American (23%), Hispanic (20%), and American Indian/Alaska Native (18%) than their White (17%) and Asian/Pacific Islander (7%) counterparts. The number of Medicare FFS enrollees with obesity also varied by geographic areas (Figure 2). Montana (9%) and Wyoming (10%) had the lowest prevalence rate and Michigan (30%) and Alabama (24%) had the highest prevalence rate.

**Figure 1. Prevalence of Obesity among Medicare FFS Beneficiaries by Race/Ethnicity, 2017<sup>2</sup>**



**Figure 2. Prevalence of Obesity among Medicare FFS Beneficiaries by States, 2017<sup>3</sup>**

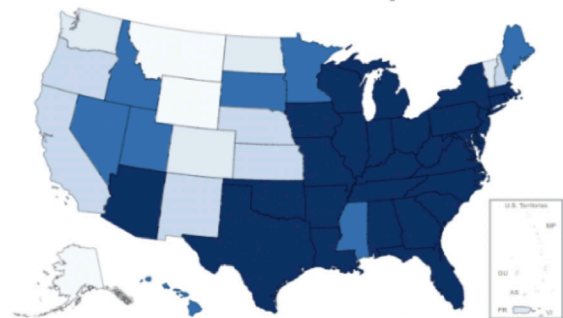
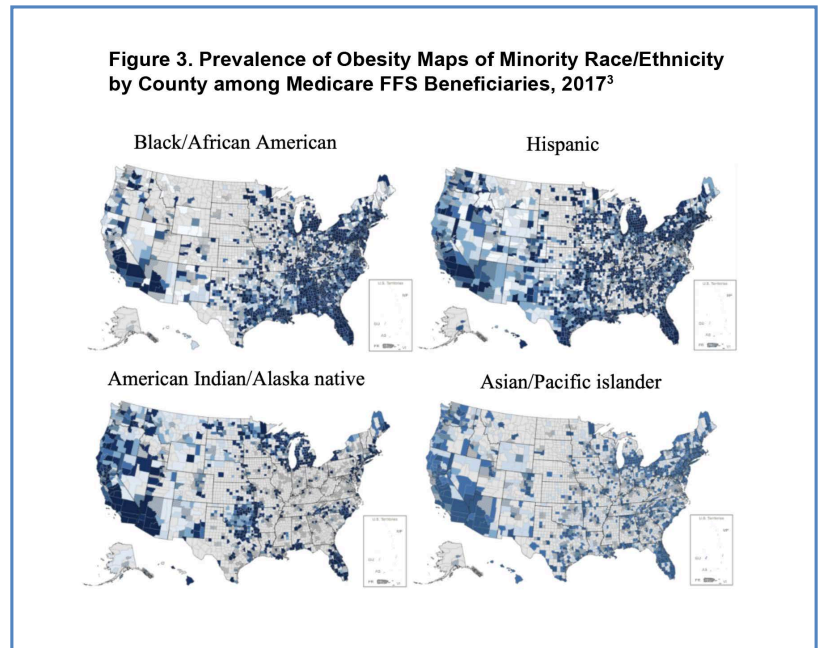


Figure 3 shows geographic differences in obesity prevalence among minority race and ethnic groups. Black/African American's obesity prevalence for 2017 was concentrated in the south and up the middle Atlantic and some areas of the west. For American Indian/Alaska Native, the prevalence was more concentrated in the west, with emphasis around the southwest area and in Oklahoma, while for Hispanics it was in more spread across the country from the west to the south and around east north central and along the east coast. And, for Asian/Pacific Islander population, the concentration was along the west coast with small groups throughout the south, northeast, and east north central.



Screening for obesity and counseling for eligible beneficiaries by primary care providers in settings such as physicians' offices are covered under Medicare Part B (Medical Insurance), yet a claims analysis found that fewer than 27% of Medicare beneficiaries went for annual wellness visit in 2017.

## Beneficiary Resources

- [Obesity Behavioral Therapy](#)
- [Bariatric Surgery](#)
- [Diabetes Screenings](#)
- [Preventive & Screening Services](#)

## Provider Resources

- [Intensive Behavioral Therapy \(IBT\) for Obesity](#)
- [Decision Memo for Intensive Behavioral Therapy for Obesity \(CAG-00423N\)](#)
- [National Coverage Determination \(NCD\) for BARIATRIC Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity \(100.1\)](#)

## References/Sources

1. Centers for Disease Control and Prevention. Adult Obesity Facts. <https://www.cdc.gov/obesity/data/adult.html>
2. Centers for Medicare & Medicaid Services. Chronic Conditions. <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/index.html>
3. Centers for Medicare & Medicaid Services. Mapping Medicare Disparities Tool. <https://data.cms.gov/mapping-medicare-disparities>

## CMS Office of Minority Health

7500 Security Blvd.

MS S2-12-17

Baltimore, MD 21244

<http://go.cms.gov/cms-omh>

If you have any questions or feedback, please contact  
[HealthEquityTA@cms.hhs.gov](mailto:HealthEquityTA@cms.hhs.gov).